PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reduction Act of | 1995, no person are re | equired to | respond to a collection | | | | control number |
|---|---------------------------|--------------|--------------------------------------|-------------|--------------------------|---------------|----------------|
| Effective on 12/08 | Complete If Known | | | | | | |
| FEE TRANSMITTAL For FY 2009 | | | | | 10/500,075-Conf. #5317 | | |
| | | | | | June 25, 2004 | | |
| | | | | | Mari TABUCHI | | |
| | | | | | J. C. Ball | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit 1795 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 940.00 | | | Altomey Docket | No. | 1422-0634PUS1 | | |
| METHOD OF PAYMENT (check | all that apply) | | | | | | |
| Check Credit Card | Money Order | No | ne Other (| please iden | iify): | | |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | |
| For the above-identified dep | osit account, the Di | irector is | hereby authorize | ed to: (chi | eck all that apply | () | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | |
| Charge any additional fee(s) or underpayments of Credit any overpayments | | | | | | | |
| FEE CALCULATION | | | | | • | | |
| 1. BASIC FILING, SEARCH, AND E | XAMINATION FEE | \$ | | | | - | |
| FI | LING FEES | \$E | ARCH FEES | EXAM | NATION FEE | | |
| Application Type Fee (\$ | Small Entity Fee (\$) | Fee (\$ | Small Entity Fee (\$) | Fee (\$ | Small Entity Fee (\$) | Fees P | aid (\$) |
| Utility 330 | 165 | 540 | 270 | 220 | 110 | | |
| Design 220 | 110 | 100 | 50 | 140 | 70 | | |
| Plant 220 | 110 | 330 | 165 | 170 | 85 | | |
| Reissue 330 | 165 | 540 | 270 | 650 | 325 | | |
| Provisional 220 | 110 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | 770 | · | Ū | • | • | | Small Entity |
| Fee Description | | | | | Fee (\$) | Fee (\$) | |
| Each claim over 20 (including Reissues) | | | | | 52 | 26 | |
| Each independent claim over 3 (including Reissues) | | | | | | 220 | 110 |
| Multiple dependent claims | | | | | | 390 | 195 |
| Total Claims Extra Claims Fee (\$) | | | ee Pald (\$) | | Multiple Depen | | |
| HP = highest number of total claims paid fo | _ x = | | | E | ee (\$) | Fee Paid (\$ | 1 |
| | | ee Pald (\$) | _ | | | - | |
| Indep. Claims Extra Claims Fee (\$) | | | ee raiu (*) | | | | |
| HP = highest number of independent claims | paid for, if greater than | 13. | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | |
| listings under 37 CFR 1.52(e)), | | | | or small | entity) for each | additional 50 |) |
| sheets or fraction thereof. See 3 | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x | | | | | | Fee Paid (\$) | |
| 4. OTHER FEE(S) | _ /50 | | (IOSIO SPIO II MIC | na mamber | · ^ | Fees | Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | (47 |
| Other (e.g., late filling surcharge): 1801 Request for continued examination (RCE) (see 37 | | | | | | 810.00 | |
| 1251 Extension for response within first month | | | | | | | 0.00 |
| SUBMITTED BY | | | | | | | |
| Signature () | 29A | | Registration No. (Attorney/Agent) | 28,977 | Telephone (703) 205-8000 | | 5-8000 |
| Name (Print/Type) Gerald M. Murph | y, (ir.) | | | | Date | January 1 | 6, 2009 |
| · · · / / / | U | | | | | | |